

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047013

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6627

STATE FILE NUMBER

FILED JAN 14 1963

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

35 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Linwood Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY  
OR  
TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET  
ADDRESS

1900 Linwood Blvd.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIAM

SOLOMAN

KNIGHT

4. DATE  
OF  
DEATH

Month

Day

Year

December

25,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-3-1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR INDUSTRY

ABC Butter Co.

11. BIRTHPLACE (City and state or country)

Linneus, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Jennings Knight

13b. MOTHER'S MAIDEN NAME

Mary (unknown)

14. NAME OF HUSBAND OR WIFE

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Mr. O. O. Pound 22 E. 79th. St. Terr.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 10 1962 to Dec 10 1962 and last saw her him alive on Dec 10, 1962  
Death occurred at Dec 25, 1962 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. T. Reeves D.O.

22b. ADDRESS

3106 Woodland

22c. DATE SIGNED

12-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-27-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Washington

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mellody-McGilley-Eylar Woodland

25. DATE RECD. BY LOCAL REG.

12-27-62

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. T. Reeves

Dr. ~~James~~  
~~3309 E. 12th~~  
~~Ch 1-1247~~

~~Will call back~~

3106 Woodland  
Va 3-7506

Nurs: 1:30 to 3:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James E. Kachkeman

Licensed Embalmer No. 4573

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.